

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.		1 Rents	OMB No. 1545-0115  <b>2008</b> Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>				
		\$						
		2 Royalties						
PAYER'S federal identification number		RECIPIENT'S identification number			\$	3 Other income	4 Federal income tax withheld	<b>Copy 2 To be filed with recipient's state income tax return, when required.</b>
					\$	\$		
				5 Fishing boat proceeds	6 Medical and health care payments			
RECIPIENT'S name  Street address (including apt. no.)  City, state, and ZIP code		\$	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest				
		\$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/>	10 Crop insurance proceeds				
		\$	\$					
Account number (see instructions)		11		12		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld		17 State/Payer's state no.		18 State income		
\$	\$	\$		\$		\$		
		\$		\$		\$		

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service